5 FORM B10 (Official Form 10)(4/98)				
UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (BO	PROOF OF CLAIM			
Name of Debtor James L Hershberger Melissa R Hershberger	Case Number 01-00317			
NOTE: This form should not be used to make a claim for the commencement of the case. A "request" for payment of pursuant to 11 U.S.C. 4503	an administrative expense arising after an administrative expense may be filed			
respire to the first transfer of the first t	Allega de la companya	01-00317		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Central Electric Coop Name and Address where notices should be sent:	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	1564342		
Central Electric Coop 2098 N. Hwy 97 Redmond, OR 97756	Check box if you have never received any notices from the bankruptcy court in this case.			
(5/4)5/0 24//	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor: 1820230110	Check here if ☐ replaces this claim ☐ amends a previously	filed claim, dated		
Basis for Claim Goods sold Services performed	Retiree benefits as defined in 11 U.S.C Wages, salaries, and compensation (fil Your SS #:	l out below)		
☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other Electric Utility	Unpaid compensation for services per from to (date) (date)			
2. Date debt was incurred: April 1998 - June 1998	3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also cor ☐ Check this box if claim includes interest or other charges in add interest or additional charges.	s 300.44 nplete Item 5 or 6 below. lition to the principal amount of the claim.	Attach itemized statement of all		
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral:	6. Unsecured Priority Claim. Check this box if you have an unsecure Amount entitled to priority \$			
☐ Real Estate ☐ Motor Vehicle ☐ Other	 Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). □ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). 			
Value of Collateral: \$	☐ Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).			
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to government	s or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Specify applicable paragraph of 11 U.S.C. § 507(a)().		
	*Amounts are subject to adjustment on 4/. with respect to cases commenced on or	after the date of adjustment.		
 7. Credits: The amount of all payments on this claim has been making this proof of claim. 8. Supporting Documents: Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contra 	THIS SPACE IS FOR COURT USE ONLY			
agreements, and evidence of perfection of lien. DO NOT SE documents are not available, explain. If the documents are volun 9. Date-Stamped Copy: To receive an acknowledgment of the filin addressed envelope and copy of this proof of claim.	U.S. COURT MAR 15 AN I MERON S. BUR CLERK, IDAHC			
Date Sign and print the name and title, if any, of the cre this claim (attach copy of power of attorney, if any	NURTS NURTS			
3-9-01 Credit Manager Penalty for presenting fraudulent claim: Fine of up to \$500,00		N		

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.



March 9,2001

U.S. BANKRUPTCY COURT 550 West Fort MSC 042 Boise ID 83724

NAME:

James L & Melissa R Hershberger

CASE#:

01-00317

ACCT:

1820230110

The following is a three month breakdown of charges for the above named account.

DATE	KWH'S	NET CHARGES		PAYMENTS PAYMENTS	<u>BALANCE</u>
<u> </u>					
Bal. Fwd.			disconnect for non-pay balance		\$360.11
April 7,1998				\$360.11	\$0.00
April 7,1998		\$50.00	reconnect fee		\$50.00
April 1998	1,647	\$92.10			\$142.10
May 1998	1,485	\$84.00			\$226.10
May 1998	.,	\$2.00	delinguent fee		\$228.10
June 1998	1,372	\$78.35			\$306.45
June 17,1998	417	\$24.75	final billing		\$331.20
November 1998		+- ···· -	Capital Credit application	\$10.52	\$320.68
December 1999			Capital Credit application	\$20.24	\$300.44

If you have any questions please contact our office.

Sincerely,

Dani Joplin

Credit Manager

Enc.